

U.S. Department of Health and Human Services
Office of Commissioned Corps Operations
Division of Commissioned Corps Recruitment
1101 Wootton Parkway, Plaza Level, Suite 100
Rockville, MD 20852
Phone: (240) 453-6135 – Fax: (240) 453-6127

**REFERENCE REQUEST FOR APPLICANTS TO THE
ASSOCIATE RECRUITER PROGRAM
OF THE COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE**

INSTRUCTIONS: This form should be completed by the officer's supervisor and two (2) other officers in the Commissioned Corps of the U.S. Public Health Service (Corps). If the applicant is the only Corps officer at his/her duty station, non-Corps co-workers may provide a reference.

Applicant's Name (<i>Last, First, MI</i>) (<i>Print or Type</i>):	Rank:	Category:

The above named individual has applied for acceptance to the Corps' Associate Recruiter Program (ARP). The ARP is a volunteer program, and volunteer recruiters are selected for the program based on their dedication to the Corps; their involvement in Corps-related recruitment activities; and their performance as an officer and an employee. To help the Division of Commissioned Corps Recruitment (DCCR) determine whether this person is a good representative of the Corps, we ask that you complete this form and return it to either the officer you are referencing or to DCCR.

Period of Association:	From: (MM/YY)	To: (MM/YY)
Professional Relationship to Applicant:	<input type="checkbox"/> Employer <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Other (<i>please specify</i>) _____	
How often does the officer wear the uniform?	<input type="checkbox"/> Daily <input type="checkbox"/> Only as required <input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week <input type="checkbox"/> Three times a week <input type="checkbox"/> More than three times a week <input type="checkbox"/> Never	

Please explain how this officer shows pride in serving with the Corps.

Does the officer conform to the grooming standards for the Corps?

☐ Yes ☐ No (Please see http://dcp.psc.gov/pdf_docs/pdf_docs_2631.pdf, Section E, "Officers' Appearance").

In your opinion, is the applicant a good representative of his or her professional category (Nurse, Engineer, Physician, etc.)? Please feel free to elaborate.

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Please comment on the officer's ability to communicate with others. *(Examples)*

Please comment on the officer's ability to interact with staff. *(Examples)*

Other comments:

Name <i>(Type or Print):</i>		Address:	
Rank/Title/Position:			
Phone number:		Email address:	
Signature:		Date:	